

CHECK THE APPROPRIATE BOX:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> For Profit Company Organization | <input type="checkbox"/> Local School District | <input type="checkbox"/> Community-Based |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Public School Academy | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Institution of Higher Education Organization | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based |

Section 1: Provider Identification

Name of Entity Chancellor Supplemental Educational Services, LLC

Name of Director G. Alex Fernandez

Address 3250 Mary Street, Suite 202 **City** Coconut Grove **State** FL **Zip** 33133

Phone 305-648-5948 **Fax** 305-648-5956 **Email** alex@chancellorlearning.com

Proposed Location of Services (if different from above):

Address Local District schools and off-site community centers **City** _____ **State** _____ **Zip** _____

If different from Director:

Name of Contact Person _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____ **Email** _____

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes ☒ No ☐

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: Local District schools and off-site community centers

Site Location #2: _____

Site Location #3: _____

3. Transportation – Provide information about accessibility to public transportation from your site:

Not available at this time

4. Indicate if you are willing to provide services to eligible students at the school site:

Yes ☒ No ☐

Section 3: Provider Academic/Instructional Program Information

1. Subject Areas Covered – List all subject areas you address in working with students:

Reading and Language Arts

Mathematics

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: K-12

3. Time of Services – Indicate when you deliver services to students:

☐ Before School ☒ After School ☒ Weekends ☐ Summer ☐ Other _____

4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students:

☐ Individual Tutoring ☒ Small Group Instruction ☐ Large Group

Instruction

☐ Online Web-Based ☐ Other _____

5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 90 minutes Number of Sessions per Week minimum 2 days a
week

6. Staffing – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers ☐ Paraprofessionals ☐ Volunteers ☐ Other _____

7. Special Populations Served – Indicate special populations you are able to serve:

☒ Special Education ☒ Limited English Proficient ☐ Other _____

Section 4: Provider Fees

Cost/Fee Structure – Check and complete the cost/fee structure you use:

☒ \$35 per hour (unit of time, e.g., hour, week, etc.) per student.

☐ \$ _____ (flat fee) for _____ (unit of time, e.g., month, semester, year) per student.